

*These recommendations are proposed as at year end 2010. Each U refers to a single assessment except as stated above and below. We have tended to err on the side of overinclusiveness. Local patterns of practice may vary.

†In infancy, test calcium levels every 3 to 6 months, then every 5 years through childhood, and every 1 to 2 years thereafter; thyroid studies annually. Check calcium preoperatively and postoperatively and regularly in pregnancy.

zIn addition to complete blood cell count with differential, in newborns: flow cytometry; and at age 9 to 12 months (before live vaccines): flow cytometry, immunoglobulins, T-cell function. Expert opinion is divided about the extent of needed immune work-up in the absence of clinical features.

xEvaluate immune function before administering live vaccines (see z).

{In infancy, visualize palate and evaluate for feeding problems, nasal regurgitation, or both; in toddlers to adults, evaluate nasal speech quality.

jjCervical spine films to detect anomalies: anterior/posterior, lateral, extension, open mouth, skull base views. Expert opinion is divided about the advisability of routine radiography. Symptoms of cord compression are an indication for urgent neurological referral.

**Motor and speech/language delays are common; rapid referral to early intervention for any delays can help to optimize outcomes.

††Vigilance for changes in behavior, emotional state, and thinking, including hallucinations and delusions; in teens and adults, assessment would include at-risk behaviors (sexual activity, alcohol/ drug use, etc).

zzSee text for details.